

Free Papers—Theme 12: Tsunami-1

Activities of Japanese Disaster Relief Teams Against the Tsunami Disaster in the Indian Ocean

Y. Koido

Nippon Medical School, Japan

On 26 December 2004, an earthquake measuring 9.0 on the Richter scale triggered a devastating tsunami that caused an estimated 225,000 deaths in eight countries (India, Indonesia, Malaysia, Maldives, Seychelles, Somalia, Sri Lanka, and Thailand). The Japan Disaster Relief (JDR) Medical Teams provided primary care services in four of these countries (Indonesia, Maldives, Sri Lanka, and Thailand) from 30 December–21 January. The four teams included 95 health personnel (24 doctors, 44 nurses, 6 pharmacists, and 21 medical assistants), supported by logistics, communication, and transportation staff. There were 15 doctors for surgery (emergency physicians), two for internal medicine, three for pediatrics, and four for public health. In Indonesia, an outpatient clinic was used in Banda Aceh from 01–21 January, and treated 2,758 patients. Another team of the JDR was the first to arrive among international medical aid agencies in Sri Lanka on 30 December. Until 15 January, 2,251 patients were examined in a camp for displaced people in Kalmunai in Ampara Province. In Thailand, another team treated 1,050 patients in clinics in a school and a camp for displaced people in Takuapa district in Phang-nga Province from 31 December–09 January. The JDR team in The Maldives provided medical services at the Muli Regional Hospital in the Meeme Atoll during 01–05 January, and treated 229 patients.

A total of 6,288 patients were treated, of which 10% were children <5 years old, and 12% were children aged 5–14 years. Among all patients treated in the four JDR medical team clinics, 1,263 (23%) were diagnosed with respiratory illness, of which most were acute upper respiratory infections. There were a few cases of pneumonia. A total of 1,203 (22%) had some kind of trauma, though most had minor injuries such as simple soft-tissue injuries or lacerations with suppuration. These problems were less severe than were those from the tsunami in Papua New Guinea in July 1998, of which almost 75% of the patients treated by the JDR medical team were fracture cases, particularly femoral, tibia, and fibular fractures. A total of 322 (6%) complained of psychological problems such as sleep disturbances, intense tiredness, and strong anxiety. The importance of psychosocial/ mental health assistance was reaffirmed. The number of patients suffering from diarrhea was unexpectedly low (2%), despite the presence of risk factors such as poor sanitary facilities and the lack of clean water. Additionally, there were no major outbreaks of other infectious diseases detected. In comparison with post-flood diarrhea observed during flooding in Mozambique, where 13% of patients had diarrhea, the number of diarrhea cases in the Asian context were low. There was neither confirmed nor suspected cases of measles, shigella, or cholera.

Primary care services in four different countries were provided simultaneously during the first month following the area-wide devastation from the tsunami. When comparing JDR experiences in similar disaster contexts in different parts of the world, the disease patterns were found to differ in the various contexts even when assessed at the same point in time (post-event).

Keywords: diarrhea; disaster; disease; earthquake; Japan Disaster Relief (JDR); primary care; respiratory; staff; trends; tsunami
Prehosp Disaster Med 2005;20(3):s118

“Operation Southeast Asia Tsunami Assist”: An Australian Medical Relief Team in the Maldives

A. Robertson;¹ M.G. Leclercq²

1. Western Australian Department of Health, Australia

2. Royal Perth Hospital, Australia

When the tremors and subsequent tsunami struck the Maldives on 26 December 2004, most Australians were enjoying their public holidays. Traveling at speeds of up to 800 kilometers per hour, the 1–4 meter high tsunamis hit across the Maldivian atolls between 09:00 and 09:30 hours in the morning. When the waves receded, 82 people were dead, 26 were missing, and >1,300 had moderate to severe injuries. Nearly 5% of the population was left homeless.

At the request of the Government of the Maldives, the Australian Government response was to send in a public health and primary care-focused, 16-person medical team, which arrived on 30 December 2004. The team was very different from the Australian team sent to Aceh. The Maldives government effectively had managed the 200 serious and 1,100 moderately injured patients in the regional health centers and the central Indira Gandhi Memorial Hospital in Malé prior to the team's arrival. The main concern was the ongoing provision of health services as they grappled with the effects of damaged health infrastructure and possible subsequent epidemics and food and water shortages in the affected atolls.

After forming three sub-teams, the Australian team deployed to the Gaafu Alifu, Thaa, and Raa atolls to the south and north of Malé and visited nearly 30 of the badly affected islands.

This presentation will outline the Australian role in providing support to the local Ministry of Health staff to assess the damage, personal and infrastructure; providing primary care and pharmaceuticals where there were none; performing disease outbreak surveillance, and working with the Government and islanders to address the resultant public health issues. Public health issues included everything from the disposal of dead fish and solid waste, to destruction and contamination of fresh water supplies, food shortages from destroyed food crops and stores, and the psychological trauma of communities that had lost everything. These assessments allowed the local Ministry of Health to carry out the strategic planning required and to provide the targeted health response to those most in need.

The rapid deployment of the medical team was not without its challenges. This presentation will examine the lessons learned from this deployment, particularly in the